

## EDS - RECIPIENT ELIGIBILITY LAYOUTS

MEDSTAT FIELD	FIELD SIZE	FORMAT	TABLE NAME	FIELD	DESCRIPTION	NOTES
RECIPIENT BASE INFORMATION						
Recipient ID	12	Char	T_RE_BASE	ID_MEDICAID	Unique Identifier for the recipient. This is the number assigned by ICES	
Recip Last Name	15	Char	T_RE_BASE	NAM_LAST	The last name of a recipient.	
Recip First Name	13	Char	T_RE_BASE	NAM_FIRST	The first name of a recipient.	
Recip Middle Initial	1	Char	T_RE_BASE	NAM_MID_INIT	The middle initial of the recipient.	
Recip Addr City	15	Char	T_RE_BASE	ADR_CITY	The city where the recipient resides.	
Recip Addr State	2	Char	T_RE_BASE	ADR_STATE	The state where the recipient resides.	
Recip Addr Zip Code	5	Char	T_RE_BASE	ADR_ZIP_CODE	The five character zip code for the recipient.	
Recip Addr Zip Code Ext	4	Char	T_RE_BASE	ADR_ZIP_CODE_4	The zip plus four of the recipient.	
Recip SSN	9	Char	T_RE_BASE	NUM_SSN	The social security number for the recipient.	
Recip Birth Date	8	Date	T_RE_BASE	DTE_BIRTH	The date of birth for the recipient.	
Recip Death Date	8	Date	T_RE_BASE	DTE_DEATH	The date of death for the recipient.	
Recip Sex	1	Char	T_RE_BASE	CDE_SEX	Indicates the sex of the recipient.	
Recip Race	1	Char	T_RE_BASE	CDE_RACE	Indicates the race of the recipient.	
Recip Marital Code	1	Char	T_RE_BASE	CDE_MARITAL	Indicates the marital status of a recipient.	
Recip County	2	Char	T_RE_BASE	CDE_COUNTY	Indicates the county where the recipient resides.	
Recip Alien Indicator	1	Char	T_RE_BASE	IND_ALIEN	Only emergency services provided for illegal aliens. 'I' - illegal, 'L' - legal, 'N' - no	
Recip Money Grant Indicator	1	Char	T_RE_BASE	IND_MNY_GRANT	Identifies that the recipient receives income from one of the following sources: SSI, AFDC, RBA, State supplemental assistance. Recipients eligible for money grant are the following: Aged, Blind, Disabled, AFDC, Pregnant Women, Children, Newborn.	
Recip Facility	3	Char	T_RE_BASE	CDE_FACILITY	Indicates the facility code where the 590 recipient resides.	
Recip Language	1	Char	T_RE_BASE	CDE_PRIMRY_LANG	Indicates the primary language for the recipient.	
Recip Ward Type	1	Char	T_RE_BASE	CDE_WARD_TYPE	This is the code that represents the type of ward. 'Y' - yes, 'N' - no, 'C' - chins, 'D' - court order, 'P' - parent term	
Recip County Ward	2	Char	T_RE_BASE	CDE_COUNTY_WARD	This is the county associated with a ward.	
Recip Ind Active	1	Char	T_RE_BASE	IND_ACTIVE	Indicates if the recipient Medicaid ID is active or purged because of a link. When two Medicaid IDs are linked one of them is no longer valid an will have an 'N' - no. All others are active and will have a 'Y' - yes or a 'P' - RID has changed.	
Case Number	10	Char	T_RE_CASE	NUM_CASE	The ICES case number assigned to the recipient.	
Case Worker ID	6	Char	T_RE_CASE	ID_CASE_WORKER	Identifies the case worker that determined the recipient qualified for Medicaid	
Family Size	2	Char	T_RE_CASE	QTY_FAMLY_SIZE	The number of recipients family members, defined as those residing in the same household, assigned to the recipients case.	
Recip Mrt Diag	5	Char	T_DIAGNOSIS	CDE_DIAG	Diagnosis code for the PMP Recipient. (Link t_re_diag on sak_diag to the t_diagnosis table to get cde_diag where ind_primary = 'Y' on t_re_diag).	
Street Address 1	30	Char	T_RE_BASE	ADR_STREET_1	First street address for recipient	Added 10/2006
Street Address 2	30	Char	T_RE_BASE	ADR_STREET_2	Second street address for recipient	Added 10/2006
Carriage Return	1	Hex	n/a	n/a	1 byte for return at end of line	

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<b>RECIPIENT ELIGIBILITY INFORMATION</b>						
Recipient ID	12	Char	T_RE_BASE	ID_MEDICAID	Unique Identifier for the recipient. This is the number assigned by ICES	
Elig Effective Date	8	Date	T_RE_ELIG	DTE_EFFECTIVE	The date that medicaid recipient becomes eligible for the corresponding aid category.	
Elig End Date	8	Date	T_RE_ELIG	DTE_END	The date that the Medicaid recipient is no longer eligible for the corresponding aid category.	
Elig Status	1	Char	T_RE_ELIG	CDE_STATUS1	The status code for the program eligibility segment. A blank means the segment is active and an H means that the segment is history and no longer valid.	
Elig Health Program	2	Char	T_PUB_HLTH_PGM	CDE_PGM_HEALTH	Identifies the medical assistance program such as Medicaid, 590, CSHCS, and Arch.	
Carriage Return	1	Hex	n/a	n/a	1 byte for return at end of line	
<b>RECIPIENT DUAL AID CATEGORY INFORMATION</b>						
Recipient ID	12	Char	T_RE_BASE	ID_MEDICAID	Unique Identifier for the recipient. This is the number assigned by ICES	
Recip Dual Aid Category	2	Char	T_CDE_AID	CDE_AID_CATEGORY	Identifies the type of aid for which the recipient is eligible	
Dual Aid Elig Effective Date	8	Date	T_RE_DUAL_AID_ELG	DTE_EFFECTIVE	The date that the Medicaid recipient becomes eligible for the corresponding aid category.	
Dual Aid Elig End Date	8	Date	T_RE_DUAL_AID_ELG	DTE_END	The date that the Medicaid recipient is no longer eligible for the corresponding aid category.	
Carriage Return	1	Hex	n/a	n/a	1 byte for return at end of line	
<b>RECIPIENT AID CATEGORY INFORMATION</b>						
Recipient ID	12	Char	T_RE_BASE	ID_MEDICAID	Unique Identifier for the recipient. This is the number assigned by ICES	
Recip Aid Category	2	Char	T_CDE_AID	CDE_AID_CATEGORY	Identifies the type of aid for which the recipient is eligible	
Aid Elig Effective Date	8	Date	T_RE_AID_ELIG	DTE_EFFECTIVE	The date that the Medicaid recipient becomes eligible for the corresponding aid category.	
Aid Elig End Date	8	Date	T_RE_AID_ELIG	DTE_END	The date that the Medicaid recipient is no longer eligible for the corresponding aid category.	
Aid Elig Status	1	Char	T_RE_AID_ELIG	CDE_STATUS1	Identifies whether or not the eligibility aid segment is active. A blank means that the segment is active. An H means that the segment is history and no longer active.	
Carriage Return	1	Hex	n/a	n/a	1 byte for return at end of line	

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<b>RECIPIENT SPENDDOWN LIABILITY</b>						
Recip ID	12	Char	T_RE_BASE	ID_MEDICAID	Unique Identifier for the recipient. This is the number assigned by ICES	
Spenddown Liab effective dt	8	Date	T_RE_SPEND_LIAB	DTE_EFFECTIVE	The date on which the recipient starts being liab. for spenddown amount	
Spenddown Liab end dt	8	Date	T_RE_SPEND_LIAB	DTE_END	The last date a recipient is responsible for spenddown payments.	
Carriage Return	1	Hex	n/a	n/a	1 byte for return at end of line	
<b>RECIPIENT MEDICARE INFORMATION</b>						
Recip ID	12	Char	T_RE_BASE	ID_MEDICAID	Unique Identifier for the recipient. This is the number assigned by ICES	
Medicare ID	12	Char	T_RE_HIB	ID_MEDICARE	The recipients medicare ID.	
HIB Effective Date	8	Date	T_RE_HIB	DTE_EFFECTIVE	The date new medicare ID was added.	
HIB Source Ind.	1	Char	T_RE_HIB	IND_SOURCE	Represents the source of how the medicare ID was added. Three sources are (H)CFA, (I)CES and (S)TATE.	
Carriage Return	1	Hex	n/a	n/a	1 byte for return at end of line	
<b>RECIPIENT LEVEL OF CARE INFORMATION</b>						
Recip ID	12	Char	T_RE_BASE	ID_MEDICAID	Unique Identifier for the recipient. This is the number assigned by ICES	
LOC date effective	8	Date	T_RE_LOC	DTE_EFFECTIVE	Date that the level of care became effective.	
LOC date end	8	Date	T_RE_LOC	DTE_END	Last Date that the level of care was effective.	
LOC Code	3	Char	T_RE_LOC	CDE_LOC	Level of Care code.	
Carriage Return	1	Hex	n/a	n/a	1 byte for return at end of line	
<b>RECIPIENT PATIENT LIABILITY INFORMATION</b>						
Recip ID	12	Char	T_RE_BASE	ID_MEDICAID	Unique Identifier for the recipient. This is the number assigned by ICES	
Patient Liab effective date	8	Date	T_RE_PAT_LIAB	DTE_EFFECTIVE	The date that Patient financial liability becomes effective for recipient in LTC	
Patient Liab end date	8	Date	T_RE_PAT_LIAB	DTE_END	The date that Patient financial liability is no longer effective for recipient in LTC facility.	
Patient Liab amount	11 (8,2)	Amount	T_RE_PAT_LIAB	AMT_PATNT_LIAB	Patient financial liability amount that must be paid by recipient before Medicaid will make payment on the claim.	
Carriage Return	1	Hex	n/a	n/a	1 byte for return at end of line	

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MEDSTAT FIELD	FIELD SIZE	FORMAT	TABLE NAME	FIELD	DESCRIPTION	NOTES
<b>RECIPIENT DISEASE MANAGEMENT CASE MANAGEMENT (DMCM) INFORMATION</b>						
Recip ID	12	Char	T_RE_BASE	ID_MEDICAID	Unique Identifier for the recipient. This is the number assigned by ICES	
Disease Code	4	Char	T_RE_DMCM	CDE_DISEASE	Code denoting the disease the recipient is identified to have. Values: DAIB - Diabetes, CHFO - Congestive Heart Failure Only, CHFD - CHF and Diabetes, CGRP - Special Control Group	
Effective Date	8	Date	T_RE_DMCM	DTE_EFFECTIVE	Date that the Recipient became effective in the DMCM project.	
End Date	8	Date	T_RE_PAT_LIAB	DTE_END	Date that the Recipient was no longer effective in the DMCM project.	
Origin Code	1	Char	T_RE_DMCM	CDE_ORIGIN	Code denoting how the recipient was identified for the DMCM project. Values: S - System Identified, E - Enrollment Broker Added	
<b>RECIPIENT SPENDDOWN MET DATE (last created January 2006)</b>						
Recip ID	12	Char	T_RE_BASE	ID_MEDICAID	Unique Identifier for the recipient. This is the number assigned by ICES	
Spenddown Met Date	8	Date	T_RE_SPEND_PAYMENT	DTE_RECEIVED	The date that the recipient met his/her spenddown requirement for that month	
<b>RECIPIENT SPENDDOWN OBLIGATION</b>						
Recip ID	12	Char	T_RE_BASE	ID_MEDICAID	Unique Identifier for the recipient. This is the number assigned by ICES	
Spenddown Month	6	Date	T_RE_SPEND_OBLIG	DTE_YEAR_MTH	Effective date of obligation.	
Spenddown Gross	11 (8.2)	Amount	T_RE_SPEND_OBLIG	AMT_SPEND_GROSS	Total monthly spenddown obligation	
Spenddown Net	11 (8.2)	Amount	T_RE_SPEND_OBLIG	AMT_SPEND_NET	Net monthly spenddown obligation (minus recurring insurance costs)	
Spenddown Balance	11 (8.2)	Amount	T_RE_SPEND_OBLIG	AMT_SPEND_BAL	Net monthly spenddown obligation minus the amount of spenddown met to date. This is the remaining balance for the month indicated. This amount may be negative at the time the extract file is created. This is reconciled on a monthly basis.	
Status Code	1	Char	T_RE_SPEND_OBLIG	CDE_STATUS1	Status of the monthly record. Space = Active and reported from ICES. H = History (not used, used for historical purposes only - not included in extract). W = Withdrawn from Spenddown. X = Short term status to indicate attempt to auto-adjust claims. Process will change status to 'H'. R = short term status to indicate change in net obligation prior to attempt to auto-adjust claims. Process will change back to spaces.	
Date Last Changed	8	Date	T_RE_SPEND_OBLIG	DTE_LAST_CHANGE	Date there was last activity on this record.	